

Fill Us In...and we may fill your mailbox with great cigarette savings.

For smokers, age 21 and over.

☐ MR. ☐ MRS. ☐ MS.
 First Last Apt. #
 Address
 City State ZIP Phone

By responding to this survey and signing below, I certify that I am a smoker 21 years of age or older. I am also willing to receive both cigarettes and branded incentive items in this package subject to applicable state and federal law.

Signature (required) Birth Date (required)

- What is your regular brand of cigarettes—that is, the brand you smoke most often? (brand) _____
- Is your regular brand...? (Check one.)
☐ Regular/King Size ☐ 100's ☐ 120's
- Is your regular brand...? (Check one.)
☐ Menthol ☐ Non-Menthol
- Is your regular brand...? (Check one.)
☐ Filter ☐ Non-Filter
- Is your regular brand...? (Check one.)
☐ Lowest 1mg Tar ☐ Ultra/Extra Low Tar
☐ Light/Mild ☐ Medium ☐ Full Flavor
- Do you usually buy it by the...? (Check one.)
☐ Pack ☐ Carton ☐ Both Ways
- How long have you smoked this brand?
☐ Less than 1 year ☐ 1 to 2 years ☐ 2 to 3 years
☐ 3 to 5 years ☐ Over 5 years
- What, if any, was your previous brand? (brand) _____
- The next time you go to the store, if your regular brand were not available, what would you do? (Check one.)
☐ Go to another store to buy my regular brand.
☐ Buy another type or length of my regular brand.
☐ Wait until the store has my regular brand.
☐ Buy a different brand entirely.
- Which of the following statements best describes the way you use cigarette coupons? (Check one.)
☐ I use almost any cigarette coupon I get.
☐ I occasionally use coupons for cigarettes, even if they are not for my regular brand.
☐ I only use coupons if they are for my regular brand.
☐ I never use coupons to buy cigarettes.



11. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)
- | | | | |
|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Capri | <input type="checkbox"/> Merit | <input type="checkbox"/> Raleigh Extra |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Carlton | <input type="checkbox"/> May | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Benson & Hedges | <input type="checkbox"/> Doral | <input type="checkbox"/> Monarch | <input type="checkbox"/> Sterling |
| <input type="checkbox"/> Best Buy | <input type="checkbox"/> None | <input type="checkbox"/> Montclair | <input type="checkbox"/> Store Brand/Generic |
| <input type="checkbox"/> Best Value | <input type="checkbox"/> GPC | <input type="checkbox"/> More | <input type="checkbox"/> Supertwins |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Kent | <input type="checkbox"/> Newport | <input type="checkbox"/> True |
| <input type="checkbox"/> Bucks | <input type="checkbox"/> Kool | <input type="checkbox"/> New | <input type="checkbox"/> Vantage |
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> Magna | <input type="checkbox"/> Parliament | <input type="checkbox"/> Victory |
| <input type="checkbox"/> Camel | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Pyramid | <input type="checkbox"/> Virginia Slims |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Winston |

12. Please list all the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? (Use as many lines as you need. Write in exact number of packs for each brand below. Note: 1 carton = 10 packs.)

Brand Name	# of Packs

13. Where do you usually buy your cigarettes? (Check one.)
☐ Supermarket/Grocery ☐ Neighborhood Grocery
☐ Convenience/Chain ☐ Drug Store/Pharmacy ☐ Discount Store
14. How often do you use special in-store cigarette offers, such as a free gift with purchase, 2-for-1, or special prices? ☐ Frequently ☐ Occasionally ☐ Never
- I look for special offers for my regular brand... ☐ ☐ ☐
- I take advantage of special offers for brands other than my regular brand... ☐ ☐ ☐
15. Which of the following best describes you? (Check one.)
☐ White ☐ African American ☐ Hispanic ☐ Asian
☐ American Indian ☐ Other _____
16. Are there other smokers in your household 21 years of age or older? Please print full names, birth dates and regular brands.
- | | | |
|------------|---------------|-----------|
| First Name | W.L. | Last Name |
| Birth Date | Regular Brand | |
| First Name | W.L. | Last Name |
| Birth Date | Regular Brand | |
17. Do you have a friend, 21 years of age or older, who smokes and would like to receive free cigarettes and incentive items in the mail? Please print full name and phone number.
- Name _____ Phone () _____

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